



# INSPECTION REPORT

## PRISCILLA VALENTINE

925 133RD ST. CT. NW  
GIG HARBOR, WA 98332

Customer ID: 3767

**Certificate: 91-C-0055**

Site: TRA

## VARIOUS TRAVEL LOCATIONS

### Inspection

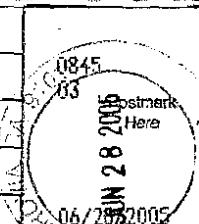
Type: ROUTINE INSPECTION

Date: JUN-24-2005

Travel site: America's Family Pet Expo, Pomona, CA

Inventory: 4 pot-bellied pigs.

No non-compliant items identified this inspection.

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
GIG HARBOR WA 98332	
Postage	\$ 0.37
Certified Fee	\$ 2.30
Return Receipt Fee (Endorsement Required)	\$ 1.75
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 4.42
	
<input type="checkbox"/> Direct, PPL No. <span style="background-color: black; color: black;">XXXXXXXXXX</span> <input type="checkbox"/> or PO Box No. <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
<input type="checkbox"/> 925 133rd St. ct. NW <input type="checkbox"/> City, State, ZIP+4 <span style="font-size: 2em;">Gig Harbor, WA 98332</span>	

Prepared By:

Alexandra Andrius, Vino

**Title:** VETERINARY MEDICAL OFFICER - Inspector (D) 5038

Received By:

sent by certified mail

Title: 7004 3890 0001 6938 7817

**Received By:** \_\_\_\_\_  
sent by certified mail

Date:

Date:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>1. Article Addressed to:</p> <p>915 135rd St. Ct. NW Gig Harbor, WA 98332</p> <p>91-C-0055</p> <p>2. Article Number (Transfer from service label)</p> <p>7004 2890 0001 6938 7817</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail   <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered   <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail   <input type="checkbox"/> C.O.D.     </p> <p>4. Restricted Delivery? (Extra Fee)   <input type="checkbox"/> Yes</p> <p>5. If YES, enter delivery address below: Yes   <input type="checkbox"/> No   <input type="checkbox"/></p> <p>6. Date of Delivery 2-5-05</p> <p>7. If YES, enter delivery address below: Yes   <input type="checkbox"/> No   <input type="checkbox"/></p> <p>8. Article Number 10250-0204-1510</p>	

102595-02-M-1540

Domestic Return Receipt

PS Form 3841, August 2001